General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: A A Beggs, 32 Pencester Road, DOVER, Kent, CT16 1BW

Pharmacy reference: 1032729

Type of pharmacy: Community

Date of inspection: 15/04/2021

Pharmacy context

The pharmacy is located on a parade of shops in Dover town centre. The people who use the pharmacy are mainly older people. The pharmacy provides a range of services, including the New Medicine Service, and an anticoagulant monitoring service which is managed by a pharmacist independent prescriber. It also provides medicines as part of the Community Pharmacist Consultation Service. And supplies chlamydia treatment and nicotine replacement therapy to people who had been referred by another healthcare professional. The pharmacy supplies medications in multi-compartment compliance packs to some people who live in their own homes to help them manage their medicines. The inspection was carried out during the Covid-19 pandemic.

Overall inspection outcome

✔ **Standards met**

Required Action: None

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Summary of notable practice for each principle

Principle	Principle finding	Exception standard reference	Notable practice	Why
1. Governance	Standards met	N/A	N/A	N/A
2. Staff	Standards met	N/A	N/A	N/A
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards met	N/A	N/A	N/A
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✔ Standards met

Summary findings

The pharmacy adequately identifies and manages the risks associated with its services to help provide them safely. It records and regularly reviews any mistakes that happen during the dispensing process. It uses this information to help make its services safer and reduce any future risk. It protects people's personal information well. And people using the pharmacy are able to provide feedback about the services. Team members understand their role in protecting vulnerable people. And the pharmacy largely keeps the records it needs to keep by law, to show that its medicines are supplied safely and legally.

Inspector's evidence

The pharmacy adopted adequate measures for identifying and managing risks associated with its activities. These included documented, up-to-date standard operating procedures (SOPs), and reporting and reviewing of dispensing mistakes. The pharmacy had carried out workplace risk assessments in relation to Covid-19. Near misses, where a dispensing mistake was identified before the medicine had reached a person, were highlighted with the team member involved at the time of the incident. Team members identified and rectified their own mistakes. Near misses were recorded and reviewed regularly for any patterns. Items in similar packaging or with similar names were separated where possible to help minimise the chance of the wrong medicine being selected. And the outcomes from the reviews were discussed openly during the regular team meetings. Dispensing errors, where a dispensing mistake had reached a person, were recorded on a designated form on the pharmacy's computer and a root cause analysis was undertaken. A recent error had occurred where the wrong type of medicine had been supplied to a person. The person had not taken any of the incorrect medicine and the pharmacy had supplied the correct item. Learning points from the reviews of near misses and dispensing errors were shared with other pharmacies in the group each month via a newsletter from the pharmacy's head office.

Workspace in the dispensary was free from clutter. There was an organised workflow which helped staff to prioritise tasks and manage the workload. Baskets were used to minimise the risk of medicines being transferred to a different prescription. The team members signed the dispensing label when they dispensed and checked each item to show who had completed these tasks. The accuracy checking technician (ACT) knew which prescriptions she was able to check and knew that she should not check any if she had been involved in any part of the dispensing process. A quad stamp was used on each prescription and the pharmacist signed to show that an accuracy check had been carried out.

Team members' roles and responsibilities were specified in the SOPs. Two of the team members described how they would not sell pharmacy-only medicines or hand out dispensed items if the pharmacist was not in the pharmacy. And the pharmacy would remain closed if the pharmacist had not turned up. The pharmacy's head office would be contacted and a notice would be displayed in the shop window so that the public were made aware. The team knew that they should not be carrying out any dispensing tasks if there was no responsible pharmacist (RP).

The pharmacy had current professional indemnity and public liability insurance. The right RP notice was clearly displayed and the RP record was completed correctly. All necessary information was recorded when a supply of an unlicensed medicine was made. The private prescription records were mostly

completed correctly, but the correct prescriber details were not always recorded. This could make it harder for the pharmacy to find these details if there was a future query. The nature of the emergency was routinely recorded when a supply of a prescription-only medicine was supplied in an emergency without a prescription. This made it easier for the pharmacy to show why the medicine was supplied if there was a query. Controlled drug (CD) registers examined were filled in correctly, and the CD running balances were checked at regular intervals.

Confidential waste was disposed of appropriately, computers were password protected and the people using the pharmacy could not see information on the computer screens. Smartcards used to access the NHS spine were stored securely and team members used their own smartcards during the inspection.

The pharmacy carried out yearly patient satisfaction surveys prior to the pandemic. Results from previous surveys were available on the NHS website and the pharmacy had scored highly in all areas. The complaints procedure was available for team members to follow if needed and details about it were available in the pharmacy leaflet. The pharmacist confirmed that there had not been any recent complaints.

Team members had completed the Centre for Pharmacy Postgraduate Education training (level 2) about protecting vulnerable people. The team could describe potential signs that might indicate a safeguarding concern and would refer any concerns to the pharmacist. And an example was given about action the pharmacy had taken in response to a safeguarding concern. The pharmacy had contact details available for agencies who dealt with safeguarding vulnerable people.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough trained team members to provide its services safely. They are provided with some ongoing training material to support their learning needs and maintain their knowledge and skills. Team members are comfortable about raising concerns to do with the pharmacy or other issues affecting people's safety. And they can take professional decisions to ensure people taking medicines are safe.

Inspector's evidence

There was one pharmacist, one accuracy checking technician (ACT) and four trained dispensers working during the inspection. All team members were trained to work on the medicines counter. Team members had completed an accredited course for their role. And they wore smart uniforms with name badges displaying their role. They worked well together and communicated effectively to ensure that tasks were prioritised and the workload was well managed.

The dispensers appeared confident when speaking with people. One, when asked, was aware of the restrictions on sales of pseudoephedrine-containing products. And they would refer to the pharmacist if a person regularly requested to purchase medicines which could be abused or may require additional care. Effective questioning techniques were used to establish whether the medicines were suitable for the person.

The pharmacist was aware of the continuing professional development requirement for the professional revalidation process. And felt that he could take professional decisions. The pharmacist had completed declarations of competence and consultation skills for the services offered, as well as associated training. Team members had been provided with ongoing training on a regular basis prior to the pandemic. But this had been put on hold due to the current workload and other pressures. Modules were available from a training provider to help assist the team with training needs, but there was no structured formal ongoing training at present. The team had regular reviews of any dispensing mistakes and discussed these openly. And there were regular meetings to discuss any pharmacy related issues, but most information was passed on informally during the day.

The inspector discussed with the pharmacy about the reporting process in the event that a team member tested positive for the coronavirus. Team members felt comfortable about discussing any issues with the pharmacist or making any suggestions. The team explained that they were due to complete self-appraisals soon and they would then have a formal performance review with the pharmacist. And these would be documented.

There were no formal targets currently set for the services offered. The pharmacist said that these services were provided for the benefit of the people using the pharmacy.

Principle 3 - Premises ✔ Standards met

Summary findings

The premises provide a safe, secure, and clean environment for the pharmacy's services. People can have a conversation with a team member in a private area.

Inspector's evidence

The pharmacy was secured from unauthorised access. It was bright, clean and tidy throughout; this presented a professional image. Pharmacy-only medicines were kept behind the counter. There was a clear view of the medicines counter from the dispensary and the pharmacist could hear conversations at the counter and could intervene when needed. Air conditioning was available and the room temperature was suitable for storing medicines.

There was a screen at the medicines counter to help minimise the spread of infection and there was a limit to the number of people allowed in the shop area at a time. Signs were displayed to encourage people to wear masks while in the pharmacy.

The storage arrangements for bags of dispensed medicines had been changed since the last inspection, so that these were kept securely. And people’s personal details were no longer visible to people using the pharmacy. There were several chairs in the shop area. These were positioned away from the medicines counter to help minimise the risk of conversations at the counter being heard. And they were positioned away from each other to help people keep a suitable distance.

The pharmacy's main consultation room was accessible to wheelchair users and was accessible from the shop area and the dispensary. It was suitably equipped, well-screened, and kept secure when not in use. Low-level conversations in the consultation room could not be heard from the shop area. Toilet facilities were clean and not used for storing pharmacy items. There were separate hand washing facilities available.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy provides its services safely and manages them well. People with a range of needs can access the pharmacy's services. And the pharmacy highlights prescriptions for higher-risk medicines so that there is an opportunity to speak with people when they collect these items. It responds appropriately to drug alerts and product recalls, so that people get medicines and medical devices that are safe to use. And it dispenses medicines into multi-compartment compliance packs safely.

Inspector's evidence

There was step-free access to the pharmacy through a wide entrance with power-assisted doors. Team members had a clear view of the main entrance from the medicines counter and could help people into the premises where needed. Services and opening times were clearly advertised and a variety of health information leaflets was available. Team members had sometimes found it hard for people to understand them when speaking with them at the counter. They would temporarily lower their masks, while maintaining a suitable distance, to ensure that people were able to understand the information that was being provided.

Monitoring record books for people taking higher-risk medicines such as methotrexate and warfarin were checked when made available. Prescriptions for higher-risk medicines were highlighted, so there was the opportunity to speak with these people when they collected their medicines. The pharmacist independent prescriber checked people's INR levels during their appointment, adjusted their dose if necessary and wrote a prescription if needed. Specific dosing software was used to assist with dosage adjustments and documentation. The prescriber did not carry out any of the dispensing and checking tasks. These were undertaken by the dispensary team and the final check was carried out by a different pharmacist. Prescriptions for Schedule 3 and 4 CDs were highlighted. This helped to minimise the chance of these medicines being supplied when the prescription was no longer valid. Dispensed fridge items were kept in clear plastic bags to aid identification. CDs and fridge items with people when handing them out. The pharmacy supplied valproate medicines to a few people. But there were currently no people in the at-risk group who needed to be on the Pregnancy Prevention Programme. The relevant patient information leaflets and warning cards were available.

Stock was stored in an organised manner in the dispensary. Expiry dates were checked every three months and this activity was recorded. Stock due to expire within the next few months were marked. There were no date-expired items found in with dispensing stock and medicines were kept in their original packaging.

Part-dispensed prescriptions were checked frequently. 'Owings' notes were provided when prescriptions could not be dispensed in full and people were kept informed about supply issues. Prescriptions for alternate medicines were requested from prescribers where needed. Prescriptions were kept at the pharmacy until the remainder was dispensed and collected. Uncollected prescriptions were checked regularly and items were returned to dispensing stock where possible. Prescriptions were kept at the pharmacy until they were no longer valid. The pharmacist said that uncollected prescriptions were checked regularly and people were sent a text message reminder if they had not collected their items after two months.

Assessments had been carried out for the people who had their medicines dispensed in multi-compartment compliance packs to show that they needed the packs. There were a few team members able to manage this service so cover could be provided where needed. Prescriptions for people receiving their medicines in these packs were ordered in advance so that any issues could be addressed before people needed their medicines. Prescriptions for 'when required' medicines were not routinely requested; the pharmacy contacted people to see if they needed them when their packs were due. The pharmacy kept a record for each person which included any changes to their medication and they also kept any hospital discharge letters for future reference. Packs were suitably labelled and there was an audit trail to show who had dispensed and checked each pack. Medication descriptions were put on the packs to help people and their carers identify the medicines and patient information leaflets were routinely supplied.

CDs were stored in accordance with legal requirements and they were kept secure. Denaturing kits were available for the safe destruction of CDs. CDs that people had returned and expired CDs were clearly marked and segregated. Returned CDs were recorded in a register and destroyed with a witness, with two signatures were recorded.

Deliveries were made by delivery drivers. The pharmacy did not currently obtain people's signatures to help minimise the spread of infection. And the drivers were provided with personal protective equipment (PPE) and were instructed to maintain a suitable distance from people. When the person was not at home, the delivery was returned to the pharmacy before the end of the working day. A card was left at the address asking the person to contact the pharmacy to rearrange delivery.

The pharmacy used licensed wholesalers to obtain medicines and medical devices. Drug alerts and recalls were received from the pharmacy's head office. Any action taken was recorded and kept for future reference. This made it easier for the pharmacy to show what it had done in response.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services safely. It uses its equipment to help protect people’s personal information.

Inspector's evidence

Suitable equipment for measuring liquids was available. Triangle tablet counters were available and clean; a separate counter was marked for cytotoxic use only. This helped avoid any cross-contamination. Tweezers were available so that team members did not have to touch the medicines when handling loose tablets or capsules.

Up-to-date reference sources were available in the pharmacy and online. The meter used for the anticoagulant service was calibrated weekly and quarterly and these checks were documented. The phone in the dispensary was portable so it could be taken to a more private area where needed.

Fridge temperatures were checked daily; maximum and minimum temperatures were recorded. Records indicated that the temperatures were consistently within the recommended range. The fridge was suitable for storing medicines and was not overstocked.

The pharmacy had ample stock of PPE and team members wore masks while at work. Hand sanitiser was also used to help minimise the spread of infection.

What do the summary findings for each principle mean?

Finding	Meaning
✔ Excellent practice	The pharmacy demonstrates innovation in the way it delivers pharmacy services which benefit the health needs of the local community, as well as performing well against the standards.
✔ Good practice	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
✔ Standards met	The pharmacy meets all the standards.
Standards not all met	The pharmacy has not met one or more standards.